

Priority Populations

- Persons whose highest level of education is completion of high school, GED, or less
- Persons who are "out of work"
- Persons who do not have health insurance
- Persons with an annual income of less than \$35,000
- Persons who are lesbian, gay, bisexual or transgender

Strategies to Eliminate Tobacco-Related Disparities

Collaboration

Goal 1 Engage non-traditional partners in the tobacco prevention and control mission.

- · Identify potential non-traditional partners who may provide a link to priority populations.
- · Develop and distribute resource packets to non-traditional partners containing tobacco related materials, such as prevention brochures and information on cessation opportunities.
- · Establish and build relationships with non-traditional partners.

Goal 2 Increase access to programs and services for community members reached by non-traditional partners.

· Ensure availability of free training opportunities in the Tobacco Brief Intervention for non-traditional partners.



Goal 1 Compile and consolidate raw data and reports relating to tobacco in Nevada.

· Identify all sources containing tobacco-related data for Nevada including the name of the source, the type of data included, limitations, and information on how to access the data.

(Data continued)

· Compile existing tobacco-related data from all local, state, national, and private sources into a data 'warehouse.' This may include analysis of existing data that have been collected, but never analyzed.

Goal 2 Identify and fill gaps in tobacco-related data.

- · Convene a tobacco data committee to identify gaps in current data sources and determine data collection priorities.
- · Identify methods for collecting data to fill gaps, considering new and creative, or non-traditional sources of tobacco-related data, and assess the feasibility of those methods.
- · Implement new data collection methods.

Goal 3 Produce a biennial State of Nevada Tobacco-Related Disparities Data Profile.

Policy

Goal 1 Educate policy stakeholders about tobacco policy issues.

Moving Forward

The Nevada State Health Division will provide leadership to community stakeholders and tobacco prevention and control experts in the implementation of this strategic plan, including ongoing communication and collaboration as well as the identification of partners who can implement the plan's goals and objectives.

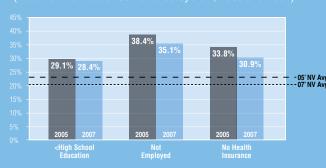
Many groups and action alliances are already moving forward on this effort. It is our hope that this strategic plan will advance a statewide commitment to eliminating tobacco-related disparities and making a healthy Nevada for all.



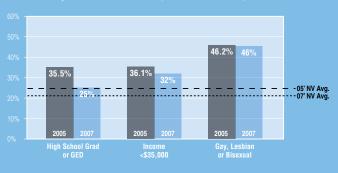
The Nevada State Workgroup identified priority vo primary sources for tobacco use data. New data from 2007 surveys are included to disparities still exist among these populations

Percent of People Who Smoke Among Nevada Sub-Populations

(Behavior Risk Factor Surveillance System, 2005 and 2007)



Percent of People Who Smoke Among Nevada Sub-Populations



Vision

Eliminate disparities related to tobacco use and exposure so that all Nevadans are tobacco free.

Mission

To reduce smoking rates to below the national average among populations who bear a disproportionate burden of tobacco use in our state.

Defining Disparities

Tobacco-related disparities are differences that exist among specific population groups regarding:

- Patterns, prevention, and treatment of tobacco use
- Risk, incidence, morbidity, mortality, and the burden of tobacco-related illness
- Capacity and infrastructure, access to resources, and secondhand smoke exposure.



Tobacco-Related Disparities in Nevada

Nevada has been the fastest growing state for 20 of the past 21 years. As of 2006, there were approximately 2.5 million people living in Nevada, up 25% from just six years earlier.

For decades, Nevadans have faced some of the highest rates of tobacco use, tobacco exposure, and tobacco-related illness in the nation. Moreover, specific population groups in Nevada have been disproportionately impacted by tobacco. For example, young adults in Nevada are consistently and aggressively targeted by the tobacco industry; rural Nevadans can be hundreds of miles from the nearest cessation resource; and members of the Latino community often lack access to bilingual prevention and cessation education. While tobacco use has been decreasing in these populations nationally, rates in Nevada's communities continue to rise

The Nevada Clean Indoor Air
Act was passed by Nevada voters
in November, 2006 effectively
banning smoking in most indoor
areas. Exceptions to the ban
include bars without food service
and the gaming floors of casinos.
Despite the achievement of this
legislation, there remain many
challenges in the realm of tobacco
prevention and control
in Nevada.

Nevada State Workgroup on Tobacco-Related Disparities

American Lung Association

Carson City Board of Supervisors Indian Health Board of Nevada

Nevada Cancer Institute

Nevada State Health Division

Nevada State Senate, Washoe District 2

Nevada Tobacco Prevention Coalition

Nevada Tobacco Users Helpline

Northern Nevada HOPES (non-profit serving HIV infected individuals and their families)

ReStart (non-profit working on homeless and affordable housing issues)

Southern Nevada District Board of Health

Southern Nevada Health District

University of Nevada at Las Vegas, Office of Minority Health

University of Nevada at Reno, School of Public Health

Washoe County Health District

Washoe District Board of Health

Workgroup Role and Responsibilities

The Workgroup was responsible for reviewing available tobacco-related data, identifying priority populations for the strategic plan, and developing a draft strategic plan aimed at eliminating tobacco-related disparities in Nevada.

Values of the Strategic Planning Process

PARITY, INCLUSION and REPRESENTATION:

- Recognize and represent the diversity of the communities we serve
- Approach issues with the goal of cultural and community competence
- Seek equity for the community in access to tobacco education and services
- Recognize that quitting tobacco is hard and that people use tobacco for very unique and personal reasons
- Seek social change to address the challenge of tobacco in the long-term

A PARTICIPATORY PROCESS:

- Incorporate differing opinions and engage dialogue
- Embrace collaboration
- Have integrity and transparency with the public
- Challenge the community to seek new and better solutions
- Build on "lessons learned" from current and prior tobacco prevention and control efforts

BE PURPOSE DRIVEN:

- Use resources efficiently
- Be action-oriented and strategy-driven
- Maintain a focus on implementation in addition to planning
- Utilize data-driven theory-based "best practice" models
- Be realistic and flexible
- Be creative and innovative
- Be SMART



For more information:

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